

# CHILD ENROLLMENT INFORMATION



<b>CHILD'S NAME</b>	<b>FIRST</b>	<b>LAST</b>
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<b>A D D R E S S</b>	<b>STREET</b>	<b>DATE OF BIRTH</b>	<b>DAY/MONTH/YEAR</b>
	<b>CITY</b>	<b>PREFERRED NAME</b>	
	<b>POSTAL CODE</b>	<b>HOME PHONE</b>	

## PARENT/GUARDIAN 1

## PARENT/GUARDIAN 2

<b>FIRST NAME / LAST NAME</b>	<b>FIRST NAME / LAST NAME</b>
<b>RELATIONSHIP</b>	<b>RELATIONSHIP</b>

### HOME ADDRESS & TELEPHONE NUMBER AS ABOVE []

### HOME ADDRESS & TELEPHONE NUMBER AS ABOVE []

<b>HOME ADDRESS</b>	<b>HOME ADDRESS</b>
<b>HOME TELEPHONE #</b>	<b>HOME TELEPHONE #</b>
<b>CELL PHONE #</b>	<b>CELL PHONE #</b>
<b>PERSONAL EMAIL</b>	<b>PERSONAL EMAIL</b>

### DAYTIME INFORMATION

### DAYTIME INFORMATION

<b>PLACE OF WORK</b>	<b>PLACE OF WORK</b>
<b>WORK ADDRESS</b>	<b>WORK ADDRESS</b>
<b>WORK TELEPHONE NUMBER</b>	<b>WORK TELEPHONE NUMBER</b>
<b>WORK EMAIL</b>	<b>WORK EMAIL</b>

IS THERE A CUSTODY AGREEMENT IN PLACE?       YES    NO (If yes, please provide a copy)

### DOCTOR'S INFORMATION

<b>DOCTOR'S NAME</b>	<b>PHONE #</b>
<b>ADDRESS</b>	
<b>CHILD'S ALLERGIES/MEDICAL CONDITIONS</b>	



Please provide details of the people who have permission to remove your child from the Centre. We always check identification before releasing a child to an unknown person. Please remind the following people to bring government issued I.D. when collecting your child.

1.

FIRST NAME	LAST NAME	RELATIONSHIP TO YOUR CHILD
HOME PHONE	WORK PHONE	CELL PHONE

2.

FIRST NAME	LAST NAME	RELATIONSHIP TO YOUR CHILD
HOME PHONE	WORK PHONE	CELL PHONE

### EMERGENCY CONTACT INFORMATION

Please provide the details of persons to contact in case of an emergency if parents cannot be reached. By listing them below you are also giving them permission to remove your child from the Centre in case of an emergency. A minimum of one emergency contact is mandatory.

Check here if emergency contacts are the same as people with permission to remove your child from the Centre.

1.

FIRST NAME	LAST NAME	RELATIONSHIP TO YOUR CHILD
HOME PHONE	WORK PHONE	CELL PHONE

2.

FIRST NAME	LAST NAME	RELATIONSHIP TO YOUR CHILD
HOME PHONE	WORK PHONE	CELL PHONE

Who will usually be dropping off and picking up your child? \_\_\_\_\_

At what time will your child be dropped off? \_\_\_\_\_

At what time will your child be picked up? \_\_\_\_\_

PARENT'S NAME \_\_\_\_\_

PARENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

For Centre use:

DATE OF ENROLLMENT \_\_\_\_\_ DATE OF WITHDRAWAL \_\_\_\_\_



## Before & After School Information Form

### **GENERAL INFORMATION**

Child's name: \_\_\_\_\_ The name your child prefers to be called is \_\_\_\_\_

The special name your child calls their Mother is \_\_\_\_\_ Father \_\_\_\_\_

Guardian: \_\_\_\_\_ Other: \_\_\_\_\_

Is either parent away from home frequently? \_\_\_\_\_

Do both parents live with your child? \_\_\_\_\_

If not, please explain your child's relationship with the absent parent: \_\_\_\_\_

What is your Country of Origin? \_\_\_\_\_

Please describe your Family Heritage and Cultural background: \_\_\_\_\_

Which Language/s are spoken at home: \_\_\_\_\_

Can your child speak English? Can your child understand English? \_\_\_\_\_

What religious or cultural practices would you like your child to observe (please give details): \_\_\_\_\_

\_\_\_\_\_

How many family members live with your child (please give details, e.g. older/younger siblings, grandparents, aunts, uncles, etc.) \_\_\_\_\_

\_\_\_\_\_

The things your child enjoys doing include: \_\_\_\_\_

What does your child play with most: INDOORS: \_\_\_\_\_

OUTDOORS: \_\_\_\_\_

Does your child have any outdoor play space? \_\_\_\_\_ Do they enjoy outdoor play? \_\_\_\_\_

Does your child have any known fears? i.e. Storms, Balloons \_\_\_\_\_

Has your child been in childcare before? \_\_\_\_\_

Your child has a pet:  Yes  No Your pet is a \_\_\_\_\_ named \_\_\_\_\_

### **FOOD AND EATING**

Does your child have any allergies / dietary restrictions? \_\_\_\_\_

You have any concerns about your child's eating habits?  Yes  No Explain \_\_\_\_\_

Please add any additional information that you think will help us to get to know your child better: \_\_\_\_\_

\_\_\_\_\_

# Your Child's Health



Has your child been in contact with any communicable diseases/viruses in the last 30 days?

- Yes  No

If 'yes', please specify: \_\_\_\_\_

Communicable diseases that your child has had:

- Measles  Rubella  Roseola  Whooping Cough  Scarlet Fever  
 Croup  Pneumonia  Mumps  Chicken Pox  Other

If 'other', please specify: \_\_\_\_\_

Does your child have any health problems of which we should be aware? (e.g. asthma, allergies, convulsions, visual/emotional/hearing disability)?

- Yes  No

If 'yes', please specify: \_\_\_\_\_

Does your child have any long-term medical problems or does your child require any long-term medication?

- Yes  No

If "yes", please specify: \_\_\_\_\_

Is your child taking any regular medication that the childcare staff may be required to administer?

- Yes  No

If 'yes', please specify: \_\_\_\_\_

*A doctor's not is required for any medication to be administered to a child by BrightPath employees.*

Has your child had any serious illnesses, operations or injuries?

- Yes  No

If 'yes', please specify: \_\_\_\_\_

Are there any other family, personal, or health conditions you think we should be aware of? \_\_\_\_\_

*Please note that the attached immunization form must be completed prior to enrolment.*

We will see to it that your child is looked after to the best of our staff's abilities, but accidents do have a way of happening. We require your signature to relieve us of all liabilities (except where gross negligence is involved) should anything happen to your child while on the premises or in the care of BrightPath Centres.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_



# Allergy and Special Medical Condition Information

(For example Food or other Allergies, Asthma, Seizures, Diabetes etc.)

Does your child have any allergies, food sensitivities, food restrictions or medical conditions?

**Yes** Please fully complete and sign this form       **No** Please sign below

Foods:

Name of Food	Indicate Type (Allergy, sensitivity, anaphylaxis, restriction)	Reaction and Symptoms

Medications:

\_\_\_\_\_

\_\_\_\_\_

Reactions:

\_\_\_\_\_

\_\_\_\_\_

Environment:

\_\_\_\_\_

\_\_\_\_\_

Reactions:

\_\_\_\_\_

\_\_\_\_\_

Medical Condition:

\_\_\_\_\_

\_\_\_\_\_

Symptoms/Reactions:

\_\_\_\_\_

\_\_\_\_\_

Does your child require an Adrenaline Kit (Epi-Pen)?     Yes       No

Is any other medication required?     Yes     No    Details: \_\_\_\_\_

If your child has a severe allergy or medical condition an Individual Action Plan Form must also be completed.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## Children's Safety and Health Notice

1. We appreciate that your child's bag may be used on days when they are not a childcare. For the health, safety and well-being of all children attending the Centre, can you please check the contents of your child's bag and ensure that the following items are **not** taken to the Centre:
  - Cigarettes
  - Cigarette lighters
  - Creams
  - Headache tablets
  - Medications (including Tylenol & Anbesol gel)
  - Poisons
  - Tools/Knives
  - Safety pins, rubber bands, hair clips, etc.
  - Cell phones/electronic devices
  - Cosmetics
  - Plastic bags
  - Any other item that could potentially cause harm to a child
2. Please ensure you close all gates behind you at all times and be especially conscious of children and safety when in the parking areas.
3. It is a legislation requirement that each child is signed in and out of the Centre on a daily basis.
4. Thank you for your assistance to help us provide a safe environment for all children at the Centre.
5. Parent/Guardians **must apply sunscreen (minimum of 15 SPF) to their child/ren prior to arriving** at the Centre in the morning. Sunscreen should be applied 30 minutes prior to outdoor play. Staff will apply/reapply sunscreen, when necessary, prior to the afternoon outdoor playtime.

***Sunscreen is to be provided by the Parent/Guardian for each child and clearly labelled with the child's name. Please check the expiry date to ensure it has not expired.***

I, \_\_\_\_\_ give the staff at BrightPath Centres permission for the application of sunscreen / bug repellent to my child \_\_\_\_\_.

I, \_\_\_\_\_ give the staff at BrightPath Centres permission to apply sunscreen / bug repellent available by BrightPath Centres in the event my child's supply has finished.

**I / We acknowledge that we have read this document.**

**Parent/Guardian's Name(s)** \_\_\_\_\_  
**PLEASE PRINT:**

**Parent/Guardian's Signature(s)** \_\_\_\_\_

**Date:** \_\_\_\_\_



## Guiding Child's Behaviour Before & After School Program

We believe that "intervention" is the first key to the prevention of arising discipline problems.

We feel that children are less apt to carry out adverse actions or language if intervention is used. It gives children a strong sense that the Group Leader is concerned about their difficult situations because, most importantly, the Group Leader is physically present. This action serves to promote an atmosphere of security, support and understanding as opposed to punishment.

When undesirable behaviours occur and a child needs to be stopped or redirected, the following intervention methods may be used:

- Discussion of the particular issue between the Group Leader and the child/ren involved.
- The child will be offered a choice to appropriate alternate activities. The adult will be encouraged to use self-discipline and self-control. The staff will calmly discuss with the child how they feel and what would be the appropriate behaviour expected.
- Resolution to the situation is sought through fair and appropriate consequences dependent upon the adverse action which was carried out. The child/ren will be involved in deciding consequences of actions.
- If, due to inappropriate behaviour, other children's safety may be at risk during a field trip, the Centre Director may have to suspend the child for the day of the trip.
- Discipline procedures will first be consulted, if the staff believes the situation to be of a re-occurring nature, the Parents/Guardians will be notified of the child's behaviour.
- Documentation will support the decision.
- Should a child continue with inappropriate behaviour to the point where a child is physically, emotionally or verbally abusive to the children and staff, means for Program dismissal will be discussed with the Parents/Guardians and the Centre Director.

Discipline will not result in the mistreatment of children such as physical or mental punishment. All disciplinary action will be age appropriate. The goal of the discipline policy is to encourage self-esteem and self-control. We encourage school-age children and Parents/Guardians to develop consequences behaviour.

***I/We acknowledge that we have read this document.***

**Parent's/Guardian's Names:** \_\_\_\_\_

\_\_\_\_\_

**Parent's/Guardians Signatures:** \_\_\_\_\_

\_\_\_\_\_

**Child's Name:** \_\_\_\_\_

**Staff Signature:** \_\_\_\_\_

**Director's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## Approval for Photos

Parent/Guardian's Name (please print): \_\_\_\_\_

Child/ren's Names (please print): \_\_\_\_\_

I hereby give permission to the staff at BrightPath to take photos of my child/ren within the childcare setting, during day to day activities, special activities or field trips for the pictures to be displayed in the Centre. I understand that if photos/images are to be displayed on the BrightPath website, on Centre marketing materials or social media, a separate form is to be signed.

\_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian's Signature

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## Parent/Guardian Videotape Release Form

BrightPath conducts regular reviews and evaluations of our childcare Educators and their work with the curriculum. At time, our classrooms may be videotaped during their daily activities. These will become internal teaching tools for BrightPath Centres. The videotapes will remain property of BrightPath.

Parents/Guardians who agree to have their child/ren videotaped must fill out the following permission form:

Parent/Guardian's Name (please print): \_\_\_\_\_

Child/ren's Names (please print): \_\_\_\_\_

I hereby allow staff of BrightPath to videotape my child/ren for the purpose of training and education within our BrightPath Learning Centres. I understand that these videos will not be sold, distributed or placed on any website without my written permission.

\_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian's Signature

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## BP Connect (Parent Engagement Program)

I \_\_\_\_\_ (Parent/Guardian Name) am the parent or guardian of \_\_\_\_\_ (Child's Name) (the "**child**") and have voluntarily chosen to participate in BrightPath Connect (the "**Engagement Program**").

## Participation Agreement

In consideration for BrightPath Kids Corp., its subsidiaries and affiliates (together "**Brightpath**") providing BrightPath Connect (Engagement Program), accepting my application to participate in BP Connect) Engagement Program, and providing me access to BrightPath Connect (Engagement Program), I hereby understand, acknowledge, and agree that:

- (a) Our participation in BrightPath Connect (Engagement Program) is entirely voluntary and undertaken at my own and my child's risk.
- (b) I have read the BrightPath Connect Parent Engagement Information Letter attached hereto and I had all my questions in relation to BrightPath Connect Engagement Program answered to my satisfaction prior to deciding to sign this Participation Agreement.
- (d) I understand that I am prohibited from sharing photos and/or video of any children (other than my child), including any group photos/video, that I may have access to through my participation in the BrightPath Connect Engagement Program. Should any photos and/or videos of children other than my child be distributed in violation of this covenant, I agree to indemnify and hold harmless BrightPath and its agents, employee, affiliates and/or assigns for all claims, liabilities, damages, losses and expenses (including legal fees on a solicitor and own client full indemnity basis) arising by reason of my unauthorized distribution in breach of this covenant.
- (e) I understand and acknowledge that the BrightPath Connect Engagement Program relies on the use of a third party provider (the "**Developer**") that utilizes the internet and cloud computing technology. Accordingly I acknowledge that the Developer will have access to information, photos and videos of and about my child and may create and hold electronic copies of this information for the purposes of back-up. The Developer may also monitor, for its internal use only, my access and use of the BrightPath Connect Engagement Program. I understand and acknowledge that there are inherent privacy and confidentiality risks when using an internet-based service and cloud computing technology upon which the BrightPath Connect Engagement Program relies. I understand and accept that BrightPath will have no liability in the event of any breach of confidentiality of any information collected and copied from the BrightPath Connect Engagement Program, whether or not such

breach resulted from the actions of the Developer of Brightpath, its agents, employees, or assigns, or of any other parents who also participate in the Engagement Program. My participation in and use of the BrightPath Connect Engagement Program is an acceptance of this limitation of liability.

- (f) For greater certainty, I hereby release and forever discharge and agree not to make any claim against BrightPath, its board of directors, officers, agents, employees, affiliates and/or or assigns, for any and all claims, resulting from my participation and my child's participation in the BrightPath Connect Engagement Program; and
- (g) I understand and acknowledge that the terms of this waiver shall apply equally to me, and to my child.

## Approval for Photos/Videos

I hereby grant permission to BrightPath Kids Corp. and its representatives to photograph and video my child, and otherwise capture my child's image and to make recordings of my child's voice for the purposes of sharing information about my child with me under the BrightPath Connect Parent Engagement Program.

I further grant permission to BrightPath Kids Corp. and its representatives to reproduce, use, exhibit, display, post or distribute any images and recordings of my child when such images or recordings are taken in a group, or in a multiple child setting, to other parents who are also participating in the BrightPath Connect Parent Engagement Program.

I hereby confirm and covenant that I will not share photos of any child (including group photos), other than my own, that I receive through the BrightPath Connect Parent Engagement Program with anyone other than BrightPath and its employees.

I hereby release, defend, indemnify and hold harmless BrightPath Kids Corp., its board of directors, officers, employees or agents from and against any claims, damages or liability arising from or related to the use of images, recording or materials of my child, whether individually or in a group setting.

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(Name of Child)

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(Parent/Guardian Signature)

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(Date)

---

(Witness)

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(Date)

Primary email: \_\_\_\_\_



## Parent/Guardian Agreement

Childcare Centre \_\_\_\_\_

Child's Name \_\_\_\_\_

1. I give permission for my child/ren to use all the play equipment and play yards, as well as participate in all activities of the Centre, and to attend any field trips under the supervision of the staff at BrightPath Inc. Each activity will be advised to Parents/Guardians prior to occurring and permission will be sought. \_\_\_\_\_
2. I give permission for my child/ren to participate in neighbourhood walks and outings during my child's attendance at a BrightPath Centre. \_\_\_\_\_
3. If my child shows any sign of a communicable disease, I agree to immediately collect my child from the Centre. If parent cannot be reached I understand the emergency contact will be called. \_\_\_\_\_
4. In the event of an emergency medical situation, I grant permission to the Director or Staff to apply first aid or obtain medical care for my child and then to be contacted. I will not hold the Centre liable for taking such action and I agree to reimburse the Centre for any expenses in the event of such an emergency. \_\_\_\_\_
5. I agree to give **one month's** written notice of termination. If I do not give one month's notice, I understand that I will be charged a fee equivalent to one month's childcare fees. This notice also applies to any change made to my child/ren schedules \_\_\_\_\_
6. I understand that the first 30 days of my child attending will be transitional. If in the event that my child does not adjust to the program or if the Centre feels that the needs of your child cannot be met for whatever reason, the 30 day notice period will be waived and notice/withdrawal will not be required. Any fees paid will be pro-rated and refunded accordingly. \_\_\_\_\_
7. I agree to make full payment of fees by the **1<sup>st</sup> of each month**. Late payment will result in a \$100 late fee and may also result in termination of my child's care. I understand that it is mandatory to make payment by P.A.D. form and submitted with this agreement. \_\_\_\_\_
8. I agree to pay the full monthly fees regardless of days missed for vacations or illness. The monthly fee covers both actual care and the guaranteed space. Absences for different circumstances are expected and have already been taken into consideration when the fees are set. Part time children who attend days in excess of enrolled days will be charged based on drop in fees for additional time. Fees are non-refundable for any circumstance. \_\_\_\_\_
9. Any fee changes due to children moving up to the next age group will take place on the first of the month following the move if the move happens mid month. \_\_\_\_\_
10. Should a payment be returned for whatever reason. I undertake to pay this amount (and pay the N.S.F. charge of \$50) within the same month returned by interac, certified cheque or P.A.D. \_\_\_\_\_
11. In the event that I am late picking up my child/ren , I agree to have a late charge billed to my account of \$10 (per child) for every 15 minutes or part thereof which is to be paid to the Centre. If this is not paid within the month billed, I agree to have this balance added to next months' P.A.D payment. \_\_\_\_\_
12. The Childcare Centre is not responsible for lost or stolen articles. \_\_\_\_\_
13. BrightPath Inc. reserves the right to terminate my child's care without notice, should I – or my child – threaten the safety or welfare of others. \_\_\_\_\_



- 14. I agree to abide by the Operational policies of the Centre and all policies set forth in this agreement; failure to do so may result in termination of my child's care. I am aware and understand the Centre's Philosophy. I accept the program including all policies and procedures such as guidance, sick and alleged impaired authorized pick up policies. \_\_\_\_\_
  
- 15. I understand that there is no refund for illness, holidays or days that the Centre is closed since a space for my child is being held, I am still responsible for the full fees. \_\_\_\_\_
  
- 16. I give permission for my child to take part in local outings and understand that there may be extra fees on those days as I will be notified in advance. \_\_\_\_\_
  
- 17. If my child attends the School Age Program, I understand that the fees increase in the summer. If I do not want my child to attend in the summer, I understand that I have to provide one month's written notice prior or pay the fees in lieu of notice. If I give my notice for the summer I understand I am not guaranteed a spot in September. \_\_\_\_\_
  
- 18. I agree to pay an annual fee of \$50 with my September fee payment. This \$50.00 is requested from all new families joining our Centres up until January 31. \_\_\_\_\_
  
- 19. I agree to pay a \$50 administration fee (per child) upon registration, and understand that this is non-refundable. \_\_\_\_\_
  
- 20. I agree to pay a deposit that confirms my enrollment to the Centre and that this deposit is non-refundable. \_\_\_\_\_

### **Requirements for Families on Child Care Fee Subsidy**

- 21. I understand that I am responsible for paying the full child care fee until my subsidy approval is received by the Centre Director. \_\_\_\_\_
  
- 22. I agree to pay any fees not covered by the Local Regional Municipality Children's Services, Social Assistance or other support agencies due to unapproved/refused subsidy, absent days in excess of approved total, subsidy decrease or minimum hours of attendance not met. \_\_\_\_\_

#### **I have read and understood all of the above agreement indicators**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Copy to Parent/Guardian

Copy for Centre

Copy Office (attach original to child's enrollment form)



BRIGHTPATH CENTRE: \_\_\_\_\_

CHILD(REN)'S NAMES: \_\_\_\_\_

I have received and read the BrightPath Parent Handbook in full and fully understand the policies and procedures entailed in the handbook and understand my requirements regarding my child(ren).

\_\_\_\_\_  
*Parent/Guardian (1) Printed Name*

\_\_\_\_\_  
*Parent/Guardian (2) Printed Name*

\_\_\_\_\_  
*Parent/Guardian (1) Signature*

\_\_\_\_\_  
*Parent/Guardian (2) Signature*

\_\_\_\_\_  
*Date Signed*

\_\_\_\_\_  
*Date Signed*

I, \_\_\_\_\_, give consent to receive electronic messages from BrightPathKids Corp. including Centre updates, important info and emergency communications.

\_\_\_\_\_  
*Parent Signature*

\_\_\_\_\_  
*Date*



## **Pre-Authorized Debit Agreement**

Please complete this form to begin making Pre-Authorized Debits (PAD) to BrightPath Early Learning Centres Inc.

<b>Centre Information</b>	
Centre Name:	
Address:	

<b>Parent Information</b>		
Parent First/Last Name(s):		
Child's First/Last Name(s):		
Address:		
City:	Prov:	Postal Code:
Telephone:	Cell Phone(s):	

**Please attach void cheque here**

I/We authorize BrightPath Early Learning Centres Inc. to charge monthly dues to my/our bank account. BrightPath is authorized to change the amount of the monthly payment by giving the parent 10 days written notice of the change. Failure on the part of the parent to advise in writing of his/her disagreement with the change in the amount within 10 days shall be deemed to be full acceptance of such change.

I/We agree to notify BrightPath in writing within 30 days of any change to bank account information. All authorized charges will be made on the first of each month. Should any bank payments not clear or are not honoured by the parents' financial institution for any reason, authorization is hereby given to BrightPath to collect the amount refused or dishonoured plus a \$50.00 non-sufficient fund (NSF) fee.

This authorization may be cancelled at any time upon written notice, to BrightPath subject to providing 30 days' notice. For more information on my right to cancel a PAD agreement, I/we may contact my/our financial institution or visit [www.cdnpay.com](http://www.cdnpay.com).

Date:	Signature:	Signature:
	Printed Name:	Printed Name:

For a joint account, all depositors must sign if more than one signature is required on cheques issued.

Our program focuses on children interacting in positive ways, gaining self-respect and feeling confident about themselves. There have been incidences where children's behaviour at the daycare affects others. We would like to deal with these situations with the help of the children, parents and staff to create a safe and positive environment for all.

**Expectation of children's behaviour in daycare**

We have set up some consequences for the following behaviours for which warnings, temporary suspensions and permanent suspensions may come into effect. BrightPath is committed to working with children to overcome behavioural issues and to accommodate individual needs. However it is not our job to deal with severe cases of problematic child behaviours on a continual basis. Consistent difficult behaviour can result in a great deal of stress for our staff and for the other children. We are able to assist parent(s) of any child experiencing difficulties by offering options for other agencies and/or family counselling services.

**We have devised a Four Step warning system**First Offence:

The child will receive a written warning and the parent/guardian will be advised of this when the parent picks up the child on the day which the warning is received.

Second Offence:

The child will receive a ONE DAY suspension and the parent/guardian will be advised of this in writing when they pick the child up that day.

Third Offence:

The child will receive a THREE DAY suspension and the parent/guardian will be advised of this in writing when they pick the child up that day.

Fourth Offence:

The child will receive a PERMANENT SUSPENSION from the program.

**The following behaviours will not be tolerated at any BrightPath Centre:**

Please note there are no exceptions to this rule.

1. Inappropriate Language
  - a. Swearing at other children or staff members
  - b. Degrading language or any use of language which is intended to make another person feel poorly

- c. The consistent talking back to children, parents or staff in a demeaning manner
- 2. Aggressive Behaviour
  - a. Physically hurting another child or staff
- 3. Disruptive or Dangerous Behaviour
  - a. Tantrums, leaving the centre without permission, not meeting at the meeting place after school, not staying with the group

Please make sure that you have read the above policy yourself and to your child, sign and return the form as soon as possible. We require this form to be signed for each child in the Out of School Care program. If you have any concerns or questions please feel free to speak to the Centre Director.

Parent/ Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Child's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director Name: \_\_\_\_\_

Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



We believe that "intervention" is the first key to the prevention of arising discipline problems.

We feel that children are less apt to carry out adverse actions or language if intervention is used. By ensuring the OSC Supervisor is physically present and involved, children will feel able to discuss their thoughts and feelings. OSC Supervisors will make a conscious effort to guide children to positive behavior while fostering relationships with each child. This action serves to promote an atmosphere of security, support and understanding as opposed to punishment.

When undesirable behaviours occur and a child needs to be stopped or redirected, the following intervention methods may be used:

- Discussion of the particular issue between the OSC Supervisor and the child or children involved.
- The child will be offered a choice of appropriate alternate activities. The adult will encourage the child to become interested and settled in the new experience. The children will be encouraged to use self-discipline and self-control. The staff will calmly discuss with the child how they feel and what would be the appropriate behaviour expected.
- Resolution to the situation is sought through fair and appropriate consequences dependent upon the adverse action which was carried out. The children will be involved in deciding consequences of actions.
- If, due to inappropriate behavior, other children's safety may be at risk during a field trip, the Centre Director may have to suspend the child for the day of the trip.
- Discipline procedures will first be handled by the OSC Supervisor on hand. If assistance is required, the Centre Director will be consulted. If the staff believes the situation to be of a re-occurring nature, the parents will be notified of their child's behaviour.
- Documentation will support the decision
- Should a child continue with inappropriate behaviour to the point where a child is physically, emotionally or verbally abusive to the children and staff, Program dismissal will be discussed with the parents and the Centre Director.

Discipline will not result in the mistreatment of children such as physical or mental punishment. All disciplinary action will be age appropriate. The goal of the discipline policy is to encourage self-esteem and self-control. We encourage school-age children and parents to develop consequences for behaviour.

Parents Signature: \_\_\_\_\_

Child's Signature: \_\_\_\_\_

Staff Signature: \_\_\_\_\_

Director's Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# Transportation Agreement Out of School & Kindergarten Care

Child Care Centre: \_\_\_\_\_

Child's Name: \_\_\_\_\_

I give permission for my child to be transported to and from school by the staff at

\_\_\_\_\_ by means of:  
(Centre Name)

Van

Bus

Walking

Name of Child's School: \_\_\_\_\_

Drop Off Time: \_\_\_\_\_ Pick Up Time: \_\_\_\_\_

Address of Child's School: \_\_\_\_\_

Drop Off/Pick Up Location: \_\_\_\_\_

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## Responsibilities of Parents/Guardians

1. Parents/Guardians are required to complete this form authorizing Centre personnel to transport their child to and from school.
2. Parents/Guardians are required to practice the after school routines with their child before commencing at the Centre. The practice will include taking the child to the designated meeting point and accompanying the child back to the Centre.
3. Parents/Guardians are required to notify the Centre if their child does not need to be picked up for lunch or after school as soon as possible. (This includes any changes or deviations to the plan or emergencies. i.e. child is sick and parent was called to pick up child earlier) The Centre Director or person in charge will amend the school roll accordingly.

4. Parents/Guardians are required to notify the Centre of any changes in phone numbers (work, cell, home) alternate contacts and their information as soon as it occurs.
5. If a child is required to stay on school grounds after school due to after school activities or school requirements it is the parent's/guardian's responsibility to arrange for pick up and drop off at the Centre, unless previous arrangements were made with the Centre Director.

## Responsibilities of the Centre

1. All centre personnel must follow BrightPath policies and procedures for Out of School or Kindergarten Care and Transporting/Walking the children to and from school.
2. The centre Director will conduct specific training with centre personnel required to transport/walk the children to and from school. More than one person needs to be trained due to personnel holidays or sick time.
3. The Centre Director or person in charge must check that all children enrolled in the School Age Program are taken to their schools by the designated time. If drop off/pick up times are altered for any reason the Centre Director will inform relevant parents/guardians and the school.
4. The centre personnel will conduct a thorough orientation with all the children registered in the School Age Program (including new starts) going over the transportation/walking rules, meeting places and time lines.
5. In the event that a child is not accounted for centre personnel will:
  - i. Contact the school office to determine if the child attended on the day or has been delayed
  - ii. Contact the centre and advise that the child has not been accounted for. The Centre Director or person in charge will contact the parent/guardian and advise the circumstances
  - iii. The Centre Director or person in charge will contact the Area Manager if the child cannot be located for further directions
6. The following process will be followed in the event of a vehicle accident or break down:
  - i. Centre personnel will stop and assess the situation for danger
  - ii. Centre personnel will attend to the children and provide First Aid if required
  - iii. Where necessary centre personnel will contact Emergency Services at 911

- iv. Centre personnel will contact Centre Director or person in charge who will notify the Area Manager and our Maintenance Service immediately
  
- v. The Centre Director will make the decision to:
  - a. Wait for repairs
  - b. Return to the centre via alternative transportation or
  - c. Continue the journey via alternative transportation
  
- vi. An accident report must be completed by the centre personnel. All adult persons present are required to do a written report of the incident.
  
- vii. In the case of an injury to child or adult, separate Incident Report Forms (centre and parent copies) must be completed. Details should also be noted on the Child's Incident/Injury/Trauma record form if required
  
- viii. Parents/Guardians and agencies are to be notified as per the Accidents and Incidents Policy

Parent/Guardian Name (Please print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Director's Name (Please print): \_\_\_\_\_

Director's Signature: \_\_\_\_\_

Date: \_\_\_\_\_